§ 549.10

Subpart C—Administrative Safeguards for Psychiatric Treatment and Medication

549.40 Use of psychotropic medications.

549.41 Voluntary admission and psychotropic medication.

549.42 Involuntary admission.

549.43 Involuntary psychiatric treatment and medication.

Subpart D—Plastic Surgery

549.50 Purpose and scope.

549.51 Approval procedures.

549.52 Informed consent.

Subpart E-Hunger Strikes, Inmate

549.60 Purpose and scope.

549.61 Definition.

549.62 Initial referral.

549.63 Initial medical evaluation and management.

549.64 Food/liquid intake/output.

549.65 Refusal to accept treatment.

549.66 Release from treatment.

Subpart F [Reserved]

Subpart G—Authority To Conduct Autopsies

549.80 Authority to conduct autopsies.

AUTHORITY: 5 U.S.C. 301; 18 U.S.C. 3621, 3622, 3624, 4001, 4005, 4042, 4045, 4081, 4082, (Repealed in part as to offenses committed on or after November 1, 1987), 4241–4247, 5006–5024 (Repealed October 12, 1984, as to offenses committed after that date), 5039; 28 U.S.C. 509, 510; 28 CFR 0.95–0.99.

Subpart A—Infectious Diseases

SOURCE: 60 FR 52279, Oct. 5, 1995, unless otherwise noted.

§549.10 Purpose and scope.

This policy is designed to provide instruction and guidance in the management of infectious diseases in the confined environment of a correctional setting.

§549.11 Program responsibility.

- (a) The Health Services Administrator (HSA) and Clinical Director (CD) of each institution shall be responsible for the development and implementation of this program.
- (b) Each HSA shall designate a member of the clinical health care staff, for example, a physician, dentist, physician assistant, nurse practitioner, or

nurse, as the Coordinator of Infectious Diseases (CID).

§549.12 Reporting.

The HSA shall ensure that each institution's respective state health department is informed of all cases of reportable infectious diseases. See §549.17 for reporting requirements of chronic infectious diseases and for Freedom of Information Act requests.

§ 549.13 Medical testing.

- (a) Bloodborne pathogens. Following an incident in which a staff member or an inmate may have been exposed to bloodborne pathogens, written, informed consent shall be obtained prior to acquiring or processing the source individual's blood or other biological specimen for the purpose of determining an actual exposure to a bloodborne pathogen. In the context of exposure incidents, no inmate shall be tested forcibly or involuntarily, unless such testing is ordered by a court with proper jurisdiction. Inmates may be subjected to disciplinary action for assaultive behavior related to an exposure incident.
- (b) HIV testing. HIV testing programs are mandatory and include a yearly random sample, yearly new commitment sample, new commitment re-test sample, pre-release testing, and clinically indicated testing. Inmates must participate in all mandatory testing programs. Staff shall initiate an incident report for failure to follow an order for any inmate refusing one of the mandatory HIV testing programs.
- (c) Diagnostics. (1) An inmate who refuses clinically indicated diagnostic procedures and evaluations for infectious and communicable diseases shall be subject to an incident report for failure to follow an order; involuntary testing subsequently may be performed in accordance with paragraph (c)(3) of this section.
- (2) Any inmate who refuses clinically indicated diagnostic procedures and evaluations for infectious and communicable diseases shall be subject to isolation or quarantine from the general population until such time as he/she is assessed to be non-communicable or the attending physician determines the